

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/553,906
Applicant : Thomas Bergman et al.
Filed : October 21, 2005
Title : HUMAN ALKALINE SPHINGOMYELINASE
AND USE THEREOF

Conf. No. : 1877
TC/A.U. : 1652
Examiner : Małgorzata A. Walicka

Customer No. : 000116
Docket No. : ALBI-41348

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SECOND REQUEST

Sir:

Enclosed please find a copy of the executed Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (form PTO/SB/82) to be filed in the above-identified application. This request was originally mailed on May 31, 2007 and received by the PTO on June 4, 2007 (see enclosed copy of return receipt postcard No. 31319).

Please address all further correspondence to the undersigned attorney.

If there are any fees resulting from this communication, please charge such fees to our Deposit Account No. 16-0820, Order No. ALBI-41348.

Respectfully submitted,
PEARNE & GORDON LLP



Ronald M. Kachmarik, Reg. No. 34512

1801 East 9th Street
Suite 1200
Cleveland, Ohio 44114-3108
216-579-1700
January 18, 2008

8176

PTO/SB/82 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/553,906
Filing Date	
First Named Inventor	Thomas Bergman
Art Unit	
Examiner Name	
Attorney Docket Number	41348

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

000116

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

000116

OR

Firm or
Individual Name

Skantzejener

Address

Von Trots väg 1

City

Malmö

State

Zip

20503

Country

Sweden

Telephone

+46 40 313900

Email

lена.nyberg@skantzejener.se

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Lena Nyberg

Name

Lena Nyberg

Date

06/10/30

Telephone

+46 40 313919

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

No. 31319

Express Mail: Thomas Bergman et al.
Inventor / Applicant: human alkaline spring water + use thereof
Title: IC1553,906
Serial No. IC1553,906 Patent No. _____ Date: _____
Filed: May 31, 2007 Examiner: _____

Enclosed Are:

PATENT APPLICATION

____ New Application Transmittal

____ Fee Transmittal (in duplicate)

____ Application Data Sheet

____ Declaration & Power Of Attorney _____ pgs.

____ Pgs. of Claims

____ Sheet(s) of Drawing(s)

____ Formal ____ Informal

____ Continuation or Division

ASSIGNMENT _____ pgs.

____ Transmittal(s)

____ Original ____ Copies

INFORMATION DISCLOSURE

____ PTO-1449 ____ Refs.

AMENDMENT

in Response to Paper No. _____

Priority Documents listed below
Other Transmittal letter filing the
Revocation of power of attorney
Waiver power of attorney +
Change of correspondence address and
copy of return receipt postcard
CHECK(S) IN THE AMOUNT(S) OF #30736

\$ _____ \$ _____

Client Code: ACB Doc. No. 44318
Int. KMIL Date 5/31/07

ACKNOWLEDGES RECEIPT OF:

JUN 04 2007